

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10664638

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		2				
5		2				
6		2				
7		9				
8		12				
9		12				
10		12				
11		12				
12		12				
13	1					
14		1				
15		2				
16	1					
17		21				
18		22				
19		12				
20		230				
21		1				
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	21					
TOTAL CLAIMS	26					

21  
5  
26

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL CLAIMS						